

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:  
13

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
HON. CARROLL W.  
NICKNAME LAST SUFFIX  
SCHUBERT

### OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. BOX 460455 SAN ANTONIO, TX 78246

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
MRS. ALLISON L.  
NICKNAME LAST SUFFIX  
GREER

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1723 TYPHOON SAN ANTONIO, TX 78248

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(210) 493-3430

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
01 / 01 / 02 THROUGH 06 / 30 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)  
CITY COUNCIL DISTRICT 9

12 OFFICE SOUGHT (if known)

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME**

CARROLL W, SCHUBERT

**15 ACCOUNT #** (Ethics Commission filers)**16 NOTICE**FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
 RECEIVED  
CITY OF SAN ANTONIO  
OFFICE OF THE CLERK  
2007 JUN 12 PM 2:19
**17 NO REPORTABLE  
ACTIVITY**
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,500.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 922.82

**OUTSTANDING  
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Carroll W. Schubert*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carroll W. Schubert, this the 12TH day of July, 20 02, to certify which, witness my hand and seal of office.

*Carolyn A. Ritenour*  
Signature of officer administering oath

Carolyn A. Ritenour  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

The instruction guide explains how to complete this form.

Total pages Schedule A1:

Page 1 of 1

FILER NAME

**Carroll W. Schubert**

ACCOUNT # (Ethics commission filers)

Date

1/28/02

Full name of contributor ☐ out-of-state PAC (ID#:

Herbert Stumberg

Contributor address; City; State; Zip Code

310 S. St. Marys #1240 San Antonio, TX 78205

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/30/02

Full name of contributor ☐ out-of-state PAC (ID#:

GSABA-SABPAC

Contributor address; City; State; Zip Code

8925 IH 10 West San Antonio, TX 78229

Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

..

Contributor address; City; State; Zip Code

..

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

..

Contributor address; City; State; Zip Code

..

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

.

Contributor address; City; State; Zip Code

.

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
2002 JAN 12 PM 2:19

**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1: <div style="text-align: right; font-size: 1.2em;">1</div>	
2 FILER NAME <div style="text-align: center; font-weight: bold; margin-top: 5px;">CARROLL W. SCHUBERT</div>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; margin-top: 5px;">N/A</div>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;      City;   State;   Zip Code			
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; margin-top: 5px;">Pledgor address;      City;   State;   Zip Code</div>	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; margin-top: 5px;">Pledgor address;      City;   State;   Zip Code</div>	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; margin-top: 5px;">Pledgor address;      City;   State;   Zip Code</div>	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; margin-top: 5px;">Pledgor address;      City;   State;   Zip Code</div>	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center; font-size: 1.2em;">1</div>	
2 FILER NAME <div style="text-align: center; font-weight: bold; margin-top: 10px;">CARROLL W. SCHUBERT</div>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; margin-top: 10px;">N/A</div>	9 Loan Amount (\$)	
6 Is lender a financial Institution? <div style="text-align: center; margin-top: 10px;">Y        N</div>	8 Lender address;   City;   State;   Zip Code	10 Interest rate	
		11 Maturity date	
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor  ..... 15 Guarantor address;   City;   State;   Zip Code		16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial Institution? <div style="text-align: center; margin-top: 10px;">Y        N</div>	Lender address;   City;   State;   Zip Code	Interest rate	
		Maturity date	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;   City;   State;   Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**POLITICAL EXPENDITURES****SCHEDULE F**

The instruction guide explains how to complete this form.

Total pages Schedule F: 4

Page 1 of 4

FILER NAME

**Carroll W. Schubert**

ACCOUNT # (Ethics commission filers)

Date 1/23/02	Payee name Office Depot Payee address; City; State; Zip Code 13404 San Pedro San Antonio, TX 78216	Amount (\$) \$32.35
Purpose of payment (See instructions regarding type of information required.) Printer Cartridge		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/30/02	Payee name U.S. Postmaster Payee address; City; State; Zip Code 10250 John Saunders San Antonio, TX 78246	Amount (\$) \$34.00
Purpose of payment (See instructions regarding type of information required.) Postage		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/4/02	Payee name San Antonio A&M Club Payee address; City; State; Zip Code 6205 West Avenue San Antonio, TX 78216	Amount (\$) \$35.00
Purpose of payment (See instructions regarding type of information required.) Singing Cadet Club Sponsorship		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/20/02	Payee name Office Depot Payee address; City; State; Zip Code 13404 San Pedro San Antonio, TX 78216	Amount (\$) \$20.07
Purpose of payment (See instructions regarding type of information required.) Verticle File		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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CITY CLERK  
2002 JAN 12 PM 2:00

**POLITICAL EXPENDITURES****SCHEDULE F**

The instruction guide explains how to complete this form.

Total pages Schedule F:

Page 2 of 4

FILER NAME

**Carroll W. Schubert**

ACCOUNT # (Ethics commission filers)

Date

3/27/02

Payee name

Greater S.A. Chamber

Amount  
(\$)

\$60.00

Payee address; City; State; Zip Code

602 E. Commerce San Antonio, TX 78205

Purpose of payment (See instructions regarding type of information required.)

Luncheon Tickets

\*\*Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

3/27/02

Payee name

Cingular Wireless

Amount  
(\$)

\$107.39

Payee address; City; State; Zip Code

P.O. Box 4460 Houston, TX 77097

Purpose of payment (See instructions regarding type of information required.)

Monthly Service

\*\*Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

4/2/02

Payee name

Sam's Wholesale Club

Amount  
(\$)

\$41.64

Payee address; City; State; Zip Code

122929 San Pedro San Antonio, TX 78216

Purpose of payment (See instructions regarding type of information required.)

Printing Supplies for Luncheon

\*\*Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

4/3/02

Payee name

Allison Greer

Amount  
(\$)

\$102.00

Payee address; City; State; Zip Code

1723 Typhoon San Antonio, TX 78248

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Postage

\*\*Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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CITY CLERK  
2002 JUL 12 PM 2:20

**POLITICAL EXPENDITURES****SCHEDULE F**

The instruction guide explains how to complete this form.

Total pages Schedule F:

Page 3 of 4

FILER NAME

**Carroll W. Schubert**

ACCOUNT # (Ethics commission filers)

Date

4/17/02

Payee name

Cingular Wireless

Amount

(\$)

\$38.02

Payee address; City; State; Zip Code

P.O. Box 4460 Houston, TX 77097

Purpose of payment (See instructions regarding type of information required.)

Monthly Service

\*\*Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

4/30/02

Payee name

Jason's Deli

Amount

(\$)

\$83.86

Payee address; City; State; Zip Code

25 N.E. Loop 410 San Antonio, TX 78216

Purpose of payment (See instructions regarding type of information required.)

Chamber Lunch

\*\*Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/3/02

Payee name

Jason's Deli

Amount

(\$)

\$92.86

Payee address; City; State; Zip Code

25 N.E. Loop 410 San Antonio, TX 78216

Purpose of payment (See instructions regarding type of information required.)

Luncheon

\*\*Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/14/02

Payee name

Office Depot

Amount

(\$)

\$41.64

Payee address; City; State; Zip Code

13404 San Pedro San Antonio, TX 78216

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

\*\*Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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CITY OF SAN ANTONIO  
OFFICE OF THE  
COMPTROLLER  
JUL 12 PM 2:20



**POLITICAL EXPENDITURES****SCHEDULE F**

The instruction guide explains how to complete this form.

Total pages Schedule F:

Page 4 of 4

FILER NAME

**Carroll W. Schubert**

ACCOUNT # (Ethics commission filers)

2002 JUL 12 PM 2:20

RECEIVED  
CITY OF SAN ANTONIO  
OFFICE OF THE  
COMPTROLLERDate  
5/27/02

Payee name

Cingular Wireless

Amount  
(\$)  
\$124.80

Payee address; City; State; Zip Code

P.O. Box 4460 Houston, TX 77097

Purpose of payment (See instructions regarding type of information required.)

Monthly Service

\*\*Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
6/10/02

Payee name

Jason's Deli

Amount  
(\$)  
\$109.19

Payee address; City; State; Zip Code

25 N.E. Loop 410 San Antonio, TX 78216

Purpose of payment (See instructions regarding type of information required.)

Luncheon

\*\*Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

.. ..

Amount  
(\$)

Payee address; City; State; Zip Code

.. ..

Purpose of payment (See instructions regarding type of information required.)

\*\*Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

.. ..

Amount  
(\$)

Payee address; City; State; Zip Code

.. ..

Purpose of payment (See instructions regarding type of information required.)

\*\*Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

CARROLL W. SCHUBERT

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

N/A

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

8 Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:

1

**2** FILER NAME

CARROLL W. SCHUBERT

**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount  
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule I:  
!
**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

CARROLL W. SCHUBERT

<b>4</b> Date	<b>5</b> Payee name ..... N/A .....	<b>8</b> Amount (\$)
	<b>6</b> Payee address; City; State; Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name .....	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name .....	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name .....	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name .....	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:

1

**2** FILER NAME

CARROLL W. SCHUBERT

**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payor name**8** Amount  
(\$)**6** Payor address; City; State; Zip Code**7** Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

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